

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006122

Entity Name: PGA DE LAS AMERICAS INC.

FILED  
Jul 11, 2006  
Secretary of State

**Current Principal Place of Business:**

2801 PONCE DE LEON BLVD., STE 370  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2801 PONCE DE LEON BLVD., STE 370  
SUITE 400  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1025859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ANDREW SERVICE CORPORATION  
201 SOUTH BISCAYNE BLVD., SUITE 2900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: LAVIE, HENRIQUE  
Address: 2801 PONCE DE LEON BLVD., STE 370  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: SAUCE, ANTHONY  
Address: 2801 PONCE DE LEON BLVD., STE 370  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: MULLER, ROBERT  
Address: 300 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRIQUE LAVIE

VD

07/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date